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MEDICAL OFFICER OF HEALTH
REPORT 1954.

I will begin with the usual statistics.

In 1954 Watchet had singularly little infectious disease, there being only two notifications, both of these being Pneumonia. Even so, I cannot believe that there were no cases of either measles or Whooping cough. Scarlet fever nowadays is so slight an illness that it is more than likely to be missed.

There were a number of cases of chicken pox, you will remember that I commented on this as a virus disease which I considered might with advantage be made notifiable.

The number of live births was 41, that is ten more than in the previous year, this gives a birth rate of 16.90 against 13.54 for 1953. I thought last year that our rate was likely to rise. The birth rate for the whole country was 15.2 and for the County of Somerset 14.33 so we have more than contributed our share.

There were 32 deaths a rate of 10.45 against 10.58 for the previous year and 11.3 and 12.17 for the country and the county respectively. We can understand the demand by strangers for housing.

There was one death at the age of 95, I think we all remember the old gentleman.

There were eight of 80 and over, 89, two of 87, one of 86, one of 84, two of 83 and one of 80. There were eight deaths at between 70 and 80 more than half of the total deaths, therefore, were well beyond the allotted span.

If you are interested in figures we had the 5th largest birth rate in Somerset and the 6th highest death rate. These are referring to urban areas.

In view of newspaper articles it is worth noticing that there were no deaths from cancer of the lung - two in 1953. The principal cause of death was either haemorrhage or thrombosis of some part of the brain. Two cases of cancer of body organs other than the lung. The next most frequent cause was disease of one or another kind of the heart. What one would expect from the advanced ages reached.

There was one case of death due to burns owing to the deceased falling on to the fire during an epileptic fit. Where such a disease is present all fires should be efficiently guarded also, where there are children. Deaths due to domestic accidents are almost/always avoidable, for instance small children should never be left unsupervised in a kitchen when saucepans or kettles are on the stove. The other causes of death were various from anaemia to bronchitis.

The old gentleman of 95 to whom I referred died of senile decay there was no real disease.

Our infantile mortality sounds high, 24.39 per thousand, but that is the product of one death at the age of 2 months, the cause being bronchitis and pyloric stenosis.

The vaccination figures are again unsatisfactory being 15 for the year. under 1 year 12, 2 to 4 years 1, 5 to 14 years none, that is the same as last year and counting from the previous years births is 42% not nearly enough. This however is the average rate for the County and is 5% better than the previous year. What a pity it is that the public will not take advice, a smallpox epidemic would provide a scare with its resultant overwork and inevitably some of it too late. Diphtheria immunisation on the contrary is very good, possibly because there was no hold up due to prevalent poliomyelitis. The total number was 0 - 4 years 48 and 5 - 14 years 4. Later reinforcements 48. The

primary immunisation rate was 158% very satisfactory. Most of these inoculations are combined with Whooping Cough and this is most effective.

It may be of interest to you that I had a long talk with one of the Senior Medical Officers of Bristol recently and he confirmed my opinion as to the rapid changes possible and likely in viruses and their characteristics. They will I think, in the not far distant future, need increasing attention from public health departments.

You have heard from the Surveyor that there was the unsatisfactory sample of water when the flooding overwhelmed the chlorination plant. That was immediately rectified. Subsequent to my remarks last year I had conversation with the Secretary of the Water Company and we agreed to reduce the degree of chlorination to a level when it was not likely to affect the taste of the water and to keep a careful watch on the bacteriological content. This has worked satisfactorily.

You have had the Surveyor's report earlier in the year so I need not go into detail about this. The Camping sites were as usual admirably conducted. The usual illness was introduced by the tenants. The refuse collection is working most satisfactorily and there is next to no litter left behind. The incinerating station is in no way offensive even when in action in fact I can imagine a visiting artist using it for several pictorial purposes.

Superficially we seem to need more houses than are being built. I don't of course know who are the 50 applicants for houses but certainly there is now no serious overcrowding amongst our own people.

As regards the testing of milk and other foodstuffs I can give you no figures as the analyst's figures and report were not published this year in the county health report. From my own observation all seemed quite satisfactory.

The standard of ice cream was consistently good and after a summer such as we had that is saying a good deal. The public conveniences are well kept.

The activities of the port have been free of serious accident or illness, no infectious disease was introduced by visiting ships.

I have been asked whether the stirring up of the harbour mud by the present clearing operations would lead to any infection in the town. The answer is no.

Tuberculosis. I have 17 cases in the register, one was added during the year and three removed. As I told you last year all these cases are supervised by the Tuberculosis Medical Officer. You may be interested to know that treatment, particularly of lung tuberculosis is evolving rapidly. Not so many years ago now our remedy was rest and fresh air now chemotherapy is used in every case and the surgery of the lung is used more and more. That is the removal by operation of the diseased part. This combined with chemotherapy offers cure in many cases and relief in all. The total number of cases in the country does not yet show a reduction but before long this should begin.

There are various ways by which people generally can help in the continuous struggle with tuberculosis:- By readiness to join some health organisation or voluntary tuberculosis care Committee. My personal service to tuberculosis patients. By help with propaganda and the Christmas seal Sale. By encouraging the idea of mass radiography whether for individuals or groups.

There is now a method of vaccination B.C.G. which gives protection to those associated with tuberculosis patients and is widely used.

It may be of interest to you to know that of infectious cases of T.B. less than half are notified in other words recognised, they

probably have negligible or no symptoms so the value of mass radiography.

A great deal of the infection used to be via milk. There is now much less of this but I think there is still room for improvement in the method of milk supplies not merely in reducing the chance of infection but in making easier the work of the dairyman. I am referring to the use of wax paper cartons instead of bottles. These are cheap and can be supplied practically sterile. The cost would in the end be perceptibly less. The contents are used and the empty carton destroyed. No washing and sterilising for the dairyman. Milk bottles are sometimes put to very odd uses before being returned. One consumer found her cooked milk a horrible dirty blue, it was found that the bottle had been used for mixing a home perm before being returned, a very ~~e~~ffective piece of detection.

This report is not a very exciting one but the less exciting and the less of it the better as regards the health of the community. I will conclude with the thanks of all of us I am sure to our district nurses for their invaluable work. To the Surveyor and to Mr. Challice for his willing and efficient ambulance work at the same time coupled with him are those St. Johns Ambulance and Red Cross workers who have helped him.

(sgd) MYLES TONKS

Medical Officer of Health
Watchet Urban District.

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